

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

**10599405**

Filing Date

Applicant(s) **Mitsuyoshi YAMADA**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
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47						
48						
49						
50						
Total Indep.	2		0		0	
Total Depend.	9	↙	0	↙	0	↙
Total Claims	11		0		0	

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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